CERTIFICATE OF FACSIMILE TRANSMISSION

PATENT CASE #F3313(C) UNUS #02-0394-UNI

I hereby certify that this correspondence is being facsimile transmitted to:

> "Commissioner for Patents" P.O. Box 1450 Alexandria, VA 22313-1450

Reg. No. 29,412 Attorney for Applicant(s)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Aldred et al. 10/630,563

Serial No.: Filed:

July 30, 2003

For:

PORTABLE DISPENSER FOR DISPENSING FROZEN AERATED

EDIBLE PRODUCTS

Group:

3653

Examiner:

Kenneth W. Noland Englewood Cliffs, New Jersey 07632

PETITION FOR EXTENSION OF TIME TO FILE A RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants petition the Commissioner for Patents to extend the time to file a Response for two months from June 30, 2005 to August 31, 2005.

Please charge Deposit Account No. 12-1155 in the amount of \$450.00 to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to this deposit account. This request is being submitted in triplicate.

ctfully submitted,

Gerard J. McGowan, Jr. Attorney for Applicant Registration No. 29,412

/gjm (201) 894-2297

UNITED STATES DEPT. OF COMMERCE

Patent and Trademark Office

Alexandria, VA 22313-1450

P.O. Box 1450

COMMISSIONER FOR PATENTS

CERTIFICATE OF FACSIMILE TRANSMISSION

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> "Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450"

GERARD J. MCGOWAN, J ..

Reg. No. 29,412 Attorney for Applicant(s)

In re application of:

Aldred et al.

Serial No .: \

10/630,563

Filed: For:

July 30, 2003 Portable Dispenser for Dispensing Frozen Aerated Edible Products

Group:

3653

Kenneth W. Noland Examiner: Englewood Cliffs, New Jersey 07632

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required. []

The fee has been calculated as shown below.

CLAIMS AS AMENDED

·	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims	,	Minus			\$ 200.00	
Multiple Claims					\$ 360.00	
TOTAL ADDITIONAL	FEE FOR THIS AMENDM	ENT			\$	

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

Charge \$ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16; [X] 37 C.F.R. § 1.17; [X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

(201) 894-2297

Gerard J. McGowan Attorney of Record

Reg. #29,412

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.